

# Safety Glasses Request

## National Institutes of Health

### Instructions

1. Employee completes Part A of the form. Employee's supervisor completes Part B of the form.
2. Employee sends this form to Occupational Medical Service (OMS)  
Bethesda: 10 Center Drive, Room 6C306 Fax: (301) 402-0673 Office (301) 496-4411  
Montana: 903 South 4<sup>th</sup> Street, Room 5203 Fax: (406)375-9729 Office (406)363-9496
3. An OMS clinician completes Part C of the form and contacts the employee
4. Employee obtains a prescription (not more than one year old) from their personal optician
5. Employee takes prescription and approval form to an NIH approved optometrist

<b>Part A</b> To be completed by <b>Employee</b>	Employee's Name <i>(please print)</i>		IC	Building/Room	Phone No.
	Request Type <input type="checkbox"/> New	Social Security No. <i>(last 4 digits only)</i>	Have you ever been to OMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," date of last visit
	Explain your risk for exposure to projectile objects at work:				
<b>Part B</b> To be completed by <b>Supervisor</b>	Employee's Job Title				Is the employee's above explanation accurate?
	Supervisor's Name (please print)				Date
	Supervisor's Signature				
<b>Part C</b> To be completed by <b>OMS</b>	<input type="checkbox"/> OMS recommends safety glasses. _____ date of last safety eyeglass visit				
	<input type="checkbox"/> OMS <b>does not</b> recommend safety glasses (complete comments section)				
	Comments				
	OMS Clinician Name (please print)				Date
	OMS Clinician Signature				